Date: [Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Re: Notice of Inspection

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]
Property Location: [Property Address]

Dear [Policyholder Name],

I have been assigned as the Field Adjuster to evaluate the commercial property damage reported for the location listed above. This letter is to confirm our scheduled appointment to inspect the property.

Inspection Details:

- **Date:** [Inspection Date]
- **Time:** [Inspection Time]
- **Adjuster Name:** [Adjuster Full Name]
- **Contact Number:** [Adjuster Phone Number]

To ensure a thorough inspection, please provide access to all damaged areas, including roofs, mechanical rooms, or storage spaces. If there are any specific safety protocols or security clearances required to enter the premises, please notify me prior to my arrival.

During the inspection, it is helpful to have the following items available if applicable:

- Maintenance records or building plans
- A list of damaged equipment or inventory
- Invoices for any emergency repairs already completed
- Contact information for your preferred contractor

If you need to reschedule this appointment, please contact me as soon as possible at [Adjuster Phone Number] or via email at [Adjuster Email].

Thank you for your cooperation in the handling of this claim.

Sincerely,

[Adjuster Signature]
[Adjuster Name]
[Insurance Company/Independent Adjusting Firm Name]